

Purpose/Disclosure

This guide was developed as a tool for the individuals that we serve and their caregivers/families/providers to help navigate various Health First Colorado Medicaid mail items, to provide various contacts for Health First Colorado Medicaid, and to answer some frequently asked questions about Health First Colorado Medicaid; as well as to provide contacts and answers to frequently asked questions about Social Security benefits.

This guide is not meant to replace direct assistance from Health First Colorado and/or The Social Security Administration.

***Note--Colorado Medicaid is Health First Colorado.** Medicaid and Health First Colorado will be used interchangeably throughout this guide. **Please report broken links.**

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PART 1: HEALTH FIRST COLORADO

Health First Colorado/Medicaid Contacts--Department of Human Services by County

Department of Human Services	Contact Information
Full list of Counties/Department of Human Services	https://www.colorado.gov/pacific/cdhs/contact-your-county
Adams County 11860 Pecos St. Westminster, CO 80234 *Outside drop box	Phone: 720-523-2000 Fax: 720-523-2158 Email: ltcunit@adcogov.org Web: http://www.adcogov.org/human-services-center-resources Note: This county does not accept documents emailed to them.
Arapahoe County (2 locations) (1) 14980 E Alameda Dr, #007 Aurora, CO 80012 (2) 1690 W Littleton Blvd, #123 Littleton, CO 80120 *Both office locations have an outside drop box	Phone: 303-636-1170 Fax: 303-734-4301 Email: HSCSSCC@arapahoegov.com (PROVIDER USE ONLY) Web: https://www.arapahoegov.com/1906/ArapaSOURCE
Denver County <ul style="list-style-type: none"> • Castro office (primary location): 1200 Federal Blvd, Denver, CO 80204 • East office: 3815 Steele St, Denver, CO 80205 • Taylor Office: 4685 Peoria St, Denver, CO 80239 *Outside drop box at each location	Phone: 720-944-3666 Fax: 720-944-3094 Email: DenverDHS@denvergov.org Web: www.denvergov.org/humanservices Note: This county does not accept documents faxed to them.
Douglas County 4400 Castleton Ct. Castle Rock, CO 80109 *Outside drop box	Phone: 303-688-4825 Fax: 877-285-8988 Web: https://www.douglas.co.us/
Elbert County 215 Comanche St Kiowa, CO 80117 *outside drop box	Phone: (303) 621-3206 Fax: (303) 621-0122 Email: elbert.assistance@state.co.us
Jefferson County 900 Jefferson County Pkwy Human Services Building Golden, CO 80401 *Outside drop box	Phone: 303-271-4707 Fax: 303-271-4805
Colorado Medical Assistance Program (CMAP)/Denver Health	Phone: 1-800-359-1991 Fax: 303-602-7639 or 303-893-1780 Email: EEMAPClient@dhha.org Web: https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services
Connect for Health Colorado (C4H)	Phone: 855-752-6749

*When calling, choose option 2 and then option 2 again, OR ask to speak with someone on the Member Services team.	Fax: 855-346-5175 Email: countypartners@c4hco.com Web: https://connectforhealthco.com/
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Other Health First Colorado/Medicaid Information

Topic	What They Can Help With	Contact Information
Health First Colorado Customer Service	<ul style="list-style-type: none"> All Medicaid questions Prescription/Medical care issues Request reimbursement for out-of-pocket expenses 	WEB: https://www.colorado.gov/hcpf/contact-hcpf Customer Contact Center: https://www.colorado.gov/hcpf/medicaid-customer-contact-center PHONE: 1-800-221-3943 TTY: 1-800-659-2656 FAX: 303-866-4411
Health First Colorado FAQ	Frequently Asked Questions about Medicaid	WEB: https://www.colorado.gov/pacific/hcpf/member-faqs
Health First Colorado Member benefit videos	Videos to help members learn about program benefits.	WEB: https://www.healthfirstcolorado.com/videos/
Health First Colorado State Plan Covered Services	A list of all benefits covered under the State Medicaid plan.	WEB: https://www.healthfirstcolorado.com/benefits-services/
Health First Colorado Member handbook	Spanish version: https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook-Spanish.pdf	English version: https://www.healthfirstcolorado.com/wp-content/uploads/2020/05/Health-First-Colorado-Member-Handbook.pdf
Doctors who participate with Health First Colorado	A search engine to find medical professionals who participate with Health First Colorado Medicaid.	WEB: https://www.colorado.gov/hcpf/find-doctor
The Colorado Health Insurance Buy-In Program (HIBI)	<ul style="list-style-type: none"> This program is not to be confused with Health First Colorado Buy-in program. A premium assistance program for Medicaid recipients. Monthly payments are given to individuals for all or a portion of the cost of their commercial health insurance premiums, and in some cases, also reimburses for deductibles, coinsurance, and co-pays. 	WEB: http://www.mycohibi.com/ EMAIL: CustomerService@MyCOHIBI.com PHONE: (855) MyCOHIBI or (855) 692-6442

Colorado PEAK Website	<ul style="list-style-type: none"> • Apply for benefits • Check application status • Get a copy of a Medicaid card • Check status of Medicaid benefits • Update Medicaid with changes (such as address) • Receive a copy of the yearly redetermination documents • Submit redetermination documents 	WEB: https://coloradopeak.secure.force.com/ Free Health mobile app information*: https://www.colorado.gov/hcpf/peakhealth *Download the PEAKHealth mobile app to find a doctor, get your Health First Colorado card, and more – right from your phone!
Supplemental Nutrition Assistance Program (SNAP)	The Supplemental Nutrition Assistance Program (SNAP) is a Food Assistance program in Colorado, SNAP provides food assistance benefits as part of a federal nutrition program to help low-income households purchase food.	WEB: https://colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap
Health First Colorado Enrollment	<ul style="list-style-type: none"> • As a member of Health First Colorado (Colorado's Medicaid Program), you can choose how you get your health care. • Health First Colorado Enrollment is not a resource for information on Medicaid benefits or to find out if you qualify for Medicaid or Child Health Plan <i>Plus</i> (CHP+). 	WEB: https://www.colorado.gov/pacific/hcpf/choose-plan PHONE: 303-839-2120 or 1-888-367-6557 TTY: 1-888-876-8864

Communication with Health First Colorado/Medicaid—Tips and Tricks

- It is strongly suggested that when calling your Department of Human Services you **ask to speak with a representative from the Long Term Care team.**
- Some counties/Medicaid have a call-back option so you don't have to sit on hold. You can leave your call back number. Please be advised that when the person from Medicaid calls back, they will only leave a message if:
 - a. It is clear on the voicemail who the phone number belongs to.
 - b. The person has given Medicaid permission to leave a message at that number.
- Explain that the individual is on a **Long Term Care Medicaid Waiver (LTC)**. You can even name the waiver/program that they are currently enrolled into.
- If the individual has lost LTC Medicaid, and you are trying to find out why, you will want to mention to the customer service representative that they were on a waiver and you are trying to get them back on it.
- **Please contact your local Medicaid office or the main customer service number if you have questions about Medicaid mail, eligibility, or other Medicaid questions.**
- It is strongly suggested that you keep track of the names of the Medicaid representatives you speak with and report any issues to your case manager at Developmental Pathways. We are partnering with the counties/Medicaid to provide the best customer service possible and want to provide feedback to them when we can. We are all invested in providing top-notch customer service!

- If you receive a denial notice from Medicaid, we suggest you call the Medicaid office listed on the denial paperwork to speak directly with them about the denial. **You are then encouraged to file an appeal.** Information on how to appeal is in the denial paperwork.
- If an individual is unable to speak with a Medicaid representative and needs to appoint someone else to speak on their behalf, you have a few options to communicate this to Medicaid.
 - You can fill out a [Personal Representative form](#) and submit it to Medicaid. For Case Managers, the form is linked to this page. Those outside of DP will need to request it from the case manager or a county representative.
 - You can write an informal letter to the county stating who has permission to speak on the individual's behalf and have the individual sign the letter. This can then be faxed to Medicaid.
 - When filling out a Medicaid application, you can complete the form and submit it with the application.
 - While talking to the call center representative, ask the individual to give verbal permission for the caller (parent, PASA representative, etc) to speak on their behalf.
- If you are having **technical issues** with **PEAK** or have questions about how to navigate the PEAK site, **please contact PEAK customer support.** The number and link are available on the PEAK site. **They are not able to assist with Medicaid issues.**

Health First Colorado Mobile App

The Health First Colorado mobile app is available in the Apple App Store and Google Play Store. Members can download the app directly from the app stores, or by updating their *PEAKHealth* app. This member-facing app replaces *PEAKHealth*.

Check out all of the features available on the app! <https://www.healthfirstcolorado.com/mobileapp/>

What is Health First Colorado/Long Term Care (LTC) Medicaid?

- An individual who is enrolled into any Home and Community Based Service (HCBS) waiver is on a Long Term Care (LTC) Medicaid waiver. The following waivers are all LTC Medicaid waiver programs administered by Developmental Pathways:
 - Children's Extensive Support Waiver (HCBS-CES or CES)
 - Supported Living Services Waiver (HCBS-SLS or SLS)
 - Waiver for Persons with Developmental Disabilities (HCBS-DD or DD; also known as Comprehensive Services)
 - Children's Habilitation Residential Program Waiver (HCBS-CHRP or CHRP)
- For a full list of programs, services, and benefits available through Health First Colorado, please go to: <https://www.healthfirstcolorado.com/benefits-services/>
- For a full list of LTC programs available through Health First Colorado, please go to: <https://www.colorado.gov/hcpf/long-term-services-and-supports-programs>
- An individual on an LTC Medicaid waiver will be able to access all benefits available with Health First Colorado (state Medicaid), as well as the services chosen on the Service Plan to utilize through the waiver.

- If the individual had another type of Medicaid program through Health First Colorado Medicaid prior to their enrollment onto the waiver, they will start to have LTC Medicaid as soon as waiver services begin. This is a switch that we (DP) will notify the Medicaid about. You do not need to contact them about this.

Financial and Disability Requirements of Health First Colorado/Long Term Care (LTC) Medicaid

- Individuals enrolled into LTC programs must maintain financial and medical/disability eligibility requirements to qualify for waiver services.
- An individual must meet the Federal Social Security Administration’s definition of disability to qualify for LTC Medicaid.

Additional Information:

- **Social Security’s definition of a disability for adults:** “The law defines **disability** as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.”
- **Social Security’s definition of a disability for children:** We consider a child disabled if:
 - The child has a physical or mental impairment (or combination of impairments)
 - That causes marked and severe functional limitations;
 - And has lasted or is expected to last for at least 12 consecutive months, or to result in death;
 - The child is not working at a job and/or isn’t able to engage in substantial gainful activity (SGA)
- Health First Colorado encourages Medicaid recipients to apply for all government assistance programs that they may qualify for. Health First Colorado wants to always be the payer of last resort.
- There are two paths you can take to get this disability determination.
 1. Apply for Social Security benefits—SSI and/or SSDI
 2. Complete a Medicaid disability application. More information about this application can be found later in this guide. Note that this option does not come with a cash benefit.

*We recommend completing the Medicaid Disability application and then applying for SSI, if you would like to do so.

Application Completed	Entity	Application Reviewer	Disability definition	Timeframe	Monetary Benefit
Medicaid Disability Application	Health First Colorado Medicaid	Action Review Group (Arbor/ARG)	Definition put out by SSA	Up to 90 days	None
Social Security Application	Social Security Administration	Disability Determination Services (DDS)	Definition put out by SSA	Approximately 2-4 months	Maximum SSI amount for that year. (Amount awarded is dependent on earned and unearned income, as well as expenses reported.)

Health First Colorado Medicaid Buy-in

- Health First Colorado Buy-in Program for Working Adults with Disabilities

- For qualifying working adults with a disability to "buy-into" Health First Colorado (Colorado's Medicaid Program). The monthly premium is based on your gross monthly earned and unearned income after any applicable disregards.
- **Working adults with a disability** have the option of being on the HCBS-SLS waiver (Long Term Care Medicaid) and the Buy-in Program. The other waivers this program works with are: Brain Injury Waiver (HCBS-BI); Community Mental Health Supports Waiver (HCBS-CMHS); Elderly, Blind and Disabled Waiver (HCBS-EBD); Spinal Cord Injury Waiver (HCBS-SCI).
- **All** working adults on one of the waivers listed above are auto-enrolled onto Buy-in with the waiver. Individuals should receive (or have received) a letter from Health First Colorado Medicaid explaining that they have been enrolled onto the Buy-in program, with information about how to opt-out of this program.
- Resources/Assets are not reviewed for Buy-in eligibility, including trusts. A person wishing to access Medicaid Buy-in does not have to submit their trust to HCPF for review. **However, if at any time the person loses eligibility for Buy-in Medicaid or wish to enroll onto a waiver that doesn't "partner" with Buy-in, like HCBS-DD, Health First Colorado will not be able to properly review their eligibility for any other Medicaid program, if the trust has not been submitted to HCPF and approved.** Therefore, we suggest that all trusts be submitted to HCPF for review.

Additional Information:

- Direct number for The Health First Colorado Working Adults and Children with Disabilities Buy-In Programs: **1-800-711-6994**
 - **Disability Benefits 101** <https://co.db101.org/>
 - <https://colorado.gov/pacific/hcpf/medicaidbuyinprograms>
- **TIP!** Ask your case manager at DP for a copy of the Health First Colorado Buy-in Program for Working Adults with Disabilities (WAWD) with Waivers GUIDE.

Annual Health First Colorado/LTC Medicaid Renewal/Redetermination

UPDATES WERE MADE TO THE RENEWAL/REDETERMINATION PROCESS IN MARCH OF 2022.

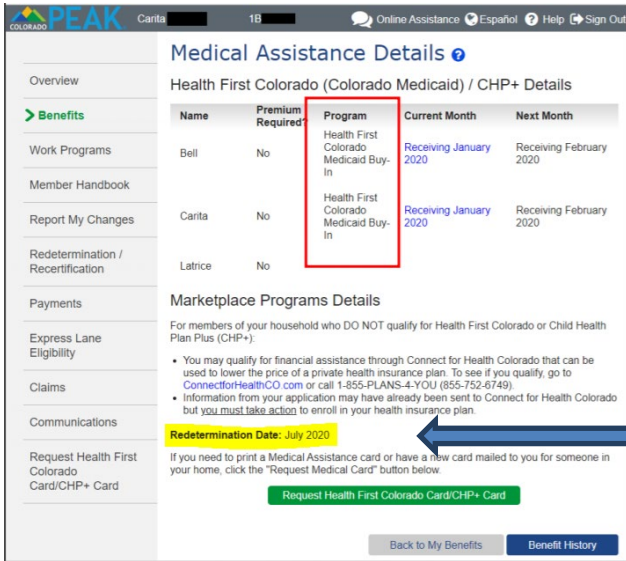
Resources:

<https://hcpf.colorado.gov/eligibility-resources>

<https://hcpf.colorado.gov/sites/hcpf/files/Renewal%20Revamp%20FAQ.pdf>

IF YOU HAVE SPECIFIC QUESTIONS ABOUT YOUR Renewal/Redetermination, please reach out to Medicaid.

- **TIP!** Log onto the PEAK site and scroll to the "Benefits" page to view your renewal/redetermination month.



Medical Assistance Details

Health First Colorado (Colorado Medicaid) / CHP+ Details

Name	Premium Required	Program	Current Month	Next Month
Bell	No	Health First Colorado Medicaid Buy-In	Receiving January 2020	Receiving February 2020
Carita	No	Health First Colorado Medicaid Buy-In	Receiving January 2020	Receiving February 2020
Latrice	No	Health First Colorado Medicaid Buy-In	Receiving January 2020	Receiving February 2020

Marketplace Programs Details

For members of your household who DO NOT qualify for Health First Colorado or Child Health Plan Plus (CHP+):

- You may qualify for financial assistance through Connect for Health Colorado that can be used to lower the price of a private health insurance plan. To see if you qualify, go to ConnectforHealthCO.com or call 1-855-PLANS-4-YOU (855-752-6749).
- Information from your application may have already been sent to Connect for Health Colorado but you **must take action** to enroll in your health insurance plan.

Redetermination Date: July 2020

If you need to print a Medical Assistance card or have a new card mailed to you for someone in your home, click the "Request Medical Card" button below.

[Request Health First Colorado Card/CHP+ Card](#)

[Back to My Benefits](#) [Benefit History](#)

Renewal/Redetermination Process

➤ Medicaid must review a person's financial eligibility yearly.

- **Step 1:** Medicaid will review all information they have on file that you previously submitted. If you get any other type of financial benefit, like SNAP, Adult Financial, etc, they will check what information was submitted for those programs. If you work, they will check your work income with the Department of Labor. If you get Social Security benefits, they will verify that information with Social Security.
 - If they are able to determine eligibility and don't require anything from you, you should receive a Notice of Action (NOA) from Medicaid, showing approval and you will NOT get a Renewal/Redetermination packet.
 - If they are not able to determine eligibility and need more information, you will receive a Renewal/Redetermination packet about two months prior to your Renewal/Redetermination month. This may come by mail and/or via Colorado PEAK, if you have signed up for electronic communication.
- **Step 2: If you receive a Renewal/Redetermination packet, THREE things must happen.**
 - You must **return the packet to Medicaid by the due date**. Check the appropriate box indicating if you have changes to report. If you have changes to report, fill in the information.
 - The **packet MUST be signed** by the head of household. If you are an adult in waiver services and are your own legal guardian, you or your authorized representative can sign the packet. Electronic signatures are acceptable, if completed on Colorado PEAK.
 - **Financial documents must be submitted** if you receive a Verification Request. It should detail what is needed, but see below for a list of possible documents. You are welcome to submit financials with your renewal packet and not wait for the verification checklist. That may lead to faster processing times.
 - Once all paperwork has been submitted, you should receive a Notice of Action (NOA) from Medicaid showing approval.

- **Step 3:** If Medicaid does not receive all that is needed for the Renewal/Redetermination by the end of the month it is due, a NOA will be sent to the person **noting that Benefits will end**. You will be given a deadline to submit what is needed for continued coverage.

If you receive a denial or have any other questions about your Renewal/Redetermination, please call Medicaid directly with your questions and ask to speak with someone on the LTC Medicaid Team.

- All Medicaid mail will be sent to the individual's home address and/or to the designated mailing address on file or emailed via Colorado PEAK. You can check both your residential and mailing address on file with Health First Colorado by logging onto your PEAK account or by calling Medicaid.

Verifications/Financials

- Medicaid may ask to see a current statement for ALL accounts the LTC Medicaid recipient is attached to, including joint accounts and representative payee accounts.
 - **Examples of verifications include**, but are not limited to:
 - Full trust, if not previously submitted
 - Current trust account statement
 - Current bank account statement for all open accounts (including joint accounts) that the Medicaid recipient is connected to
 - Current Direct Express statement or ATM receipt showing current balance
 - Proof of a closed bank account (if closed within the last year)
 - Life Insurance Policy statement showing the current cash value
 - Statement showing the current value of stocks and/or bonds
 - Personal Needs Account (PNA) statement through a residential agency
 - Current ABLE account statement
 - Current 529 college savings account statement
 - Marriage license (if newly married)
 - Pay stub/statements for all current jobs, showing GROSS amount earned
- Important things to note about any **bank/financial statement** submitted with the redetermination paperwork:
 - **ALL pages of the statement** should be submitted to Medicaid, even if they seem irrelevant.
 - It must be clear on the statement what the **account number** is and who the **account holder(s)** is/are.
 - If the individual's SSI or SSDI is deposited into an account that Medicaid recipient's name is NOT on, then the county may ask to see a copy of that statement as well, to see where the Social Security money is going.
 - If the individual's account shows a direct transfer to another account over \$500, then the county may ask to see a statement for the other account and ask for an explanation of what the money was for.

Document Submission

- **Medicaid renewals/re-determinations can be returned to the county in one of the following ways:**
 - In person at Medicaid or mailed to Medicaid—It is suggested that you ask for a receipt and make a copy of the paperwork before it is submitted. Address the packet to the LTC Medicaid Team.
 - Via the **Colorado PEAK site**.
 - **Faxed** to the county's/Medicaid LTC Medicaid team, if that county accepts fax. See the county contacts section for more information. Be sure to include the individual's Medicaid ID #, full name, and contact information on the cover sheet.

Eligibility Denial

- Review the denial and carefully check your records.
 - Did you recently complete a Renewal?
 - Did you submit current financials?
 - Did you submit it to Medicaid by the due date? *
 - *When documents are submitted late, it is possible to receive a denial because Medicaid hasn't yet processed the packet you returned.
- The denial letter should provide a phone number to call if you have questions about the denial. It should also provide the appeal process.
- We suggest that you call Medicaid and ask to speak with a member of the LTC team. Ask what verifications they didn't get and how best to submit them to their team.
- You are encouraged to start the appeal process while you work to get the eligibility back in place.
- Working to "fix" and eligibility issue is time sensitive. Once the person has been termed for 90 days from Medicaid, you will ne

Financial Planning Resources

Financial Planning Resources from the Arc of the United States

- **The Arc Center for Future Planning**

<https://futureplanning.thearc.org/pages/learn/where-to-start/>

<https://futureplanning.thearc.org/pages/learn/where-to-start/financing-the-future>

Main Link: [Future Financial Planning for People With Disabilities](#)

English- https://www.youtube.com/playlist?list=PL9ehQ7w4Tze2AIPxDn0dEajr1TVq_GUPZ

Spanish-- [Planificación Financiera Futura Para Las Personas Con Discapacidades - YouTube](#)

Videos available:

- An Overview of ABLE Accounts
- An Overview of Special Needs Trusts
- Special Needs Trusts and ABLE Accounts: How Are They Different?
- Pooled Special Needs Trusts
- How Death Affects the Money Left in ABLE Accounts and Special Needs Trusts

Sheltering Excess Resources/Assets: Special Needs Trust

(Please note: we are not experts in trusts and highly recommend that you **seek professional advice from an attorney who specializes in trusts.**)

- A Special Needs Trust shelters assets (resources) so an individual may qualify for SSI and/or Medicaid.
- When creating a Special Needs Trust, it is suggested you use an attorney who knows and understands special needs law. Links are below for The Special Needs Alliance and Academy of Special Needs.
- The items for which the money in the trust can be spent on are clearly specified by Medicaid.
- There are different types of trusts.
- It is our understanding from the Medicaid personnel we have consulted with that **all individual trusts, whether**

funded or non-funded, must be submitted to the Department of Health Care Policy and Financing (HCPF) for **review**. Trusts are usually submitted by the attorney who wrote the trust. **It is best for a complete trust to be submitted to both the county eligibility site (Medicaid office) and to Health Care Policy and Financing (HCPF). HCPF will then provide an opinion letter as to the effect of the trust on the individual's Medicaid eligibility.**

- The Social Security Administration has its own review process of Trusts.
- **Disability Trust Policy Guidance on Distribution Notice Requirements (regarding trust distribution exceeding \$5,000 and made on or after June 30, 2020):**

<https://www.colorado.gov/pacific/sites/default/files/HCPF%20PM%2020-005%20Disability%20Trust%20Policy%20Guidance%20on%20Distribution%20Notice%20Requirements.pdf>

Medicaid regulations require that if a Medicaid applicant/client or their spouse has transferred assets into a trust **or is a beneficiary of a trust**, the trust document shall be submitted to the Department to determine the effect of the trust on Medical Assistance eligibility. 10 C.C.R. 2505-10, Section 8.100.7.E.7.a.

- It is advised that when setting up a special needs trust, an individual use an attorney who is well versed in the requirements and special format of this type of trust.
- Currently, it is taking between 1 and 3 months for HCPF to review trusts. However, that could fluctuate in either direction.
- Only complete trusts will be reviewed. They will **not** accept trust summaries, often called Abstract of Trust or Certificate of Trust.
- The expenditures are reported on a yearly basis at the time of Medicaid re-determination.
- It is recommended that any individual who may be getting a lump sum at any time (inheritance money, settlement money, SSI/SSDI back pay) should set up a trust and/or ABLE account.

How to submit a trust

→IF YOU DON'T ALREADY HAVE MEDICAID

Note: The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.

Option 1: Submit the trust to your local Department of Human Services or Medicaid Application Assistance Site, with the completed Health First Colorado Medicaid application. Ask that a copy of the trust be forwarded to HCPF.

Option 2: Submit the trust to your local Department of Human Services or Medicaid Application Assistance Site, with the completed Health First Colorado Medicaid application and submit a copy of the trust to HCPF.

→IF YOU ALREADY HAVE MEDICAID IN PLACE

Note: The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.

Option 1: You can submit the trust to your local Department of Human Services and HCPF.

Option 2: You can submit the trust to your local Department of Human Services and ask that they forward a copy to the trust department at HCPF.

A **cover letter** should include the following information: the individual's full name, contact information, and Medicaid ID (if applicable).

- Trusts can be faxed, emailed, mailed, or hand delivered to HCPF.
- Trusts can be faxed, mailed, or hand delivered to your local Department of Human Services.
- If the individual does not have Medicaid yet, note that you are submitting this trust with the expectation that they will have Medicaid in the future.

If extra support is needed, please contact your case manager at Developmental Pathways.

Medicaid Trust Department with Health Care Policy and Financing (HCPF):

Email: Medicaid.trusts@state.co.us

Fax #: 303-866-3552

Address: HCPF Trust Unit, 1570 Grant Street, Denver, CO 80203

NOTE: We do not have a direct phone number for the trust department at HCPF.

Other Resources:

- **Colorado Fund for People with Disabilities (CFPD)**

Phone: 303-733-2867

Web: <http://www.cfpdtrust.org/>

- **Comparison Chart of ABLÉ account, Special Needs Trust (1st and 3rd party), and Pooled Trust**
https://www.ablenrc.org/wp-content/uploads/2021/01/2021_SNT_ABLÉ_comparison.pdf
- **Pooled Special Needs Trust Resources/Directory**
<https://www.specialneedsalliance.org/pooled-trust-directory/>
- **Special Needs Alliance**
<https://www.specialneedsalliance.org/>
- **Academy of Special Needs**
<https://specialneedsanswers.com/>

Sheltering Excess Resources/Assets: Achieving a Better Life Experience (ABLE)

(It is highly recommended that you seek expertise from a certified financial planner when looking into the possibility of setting up an ABLÉ account.)

What is it?

The Stephen Beck, Jr. Achieving a Better Life Experience (ABLE) Act (PL 113-295) amends the federal tax code to add Section 529A in order to:

- Creates an option for eligible people with disabilities, to save money in a tax-exempt account, that may be used for qualified disability expenses, while still keeping their eligibility for federal public benefits.

Eligibility Requirements:

Individuals must meet two requirements—

- Age requirement—the individual must have been determined disabled before the age of 26; AND
- Severity of disability--
 - Have been determined to meet the disability requirements for Supplemental Security Income (SSI) or Social Security Disability benefits (Title XVI or Title II of the Social Security Act) and are receiving those benefits, **OR**
 - Submit a “disability certification” assuring that the individual holds documentation of a physician’s diagnosis and signature, and confirming that the individual meets the functional disability criteria in the ABLÉ Act (related to the severity of disability described in Title XI or Title II of the Social Security Act). (This can be the approval letter from ARG/Arbor if you completed a Medicaid Disability application.)

Basic Characteristics of Colorado ABLÉ:

- An eligible individual is not obligated to enroll in their state of residence, but there are tax advantages of doing so.
- The ABLE Account is known as the 529A account. It is mirrored after the 529 College Savings Account.
- The money in a 529 College Savings Account can be directly rolled into an ABLE account. The funds rolled over from the 529 college savings account to an ABLE account are subject to the annual contribution limit for the given tax year (provided no other contributions into the account have been made during that tax year).
- You can only have one ABLE account.
- Each state has its own maximum account limit. The limit in Colorado is \$400,000.
- The “Designated Beneficiary” is the account owner (although another person such as a parent, guardian, or person with power of attorney may be allowed signature authority over the account).
- Funds in the account may be used for “qualified disability related expenses.”
- Multiple people may contribute to an individual’s ABLE account.
- A current ID is needed to open an ABLE account.
- The current yearly maximum contribution amount to an ABLE account is \$16,000. For working individuals, this amount may be different.
- For SSI recipients only--Once the ABLE account exceeds \$100,000, the SSI will be “suspended” until the balance is back below \$100,000. **This WILL NOT affect Medicaid if SSI is suspended for this reason.**
- **The money in an ABLE account is meant to be used.** There is a **Medicaid pay-back amendment** that must be understood for a Medicaid recipient with an ABLE account. If there is money left in the ABLE account upon the death of the beneficiary, after expenses are paid (burial & funeral and outstanding qualified disability expenses), Medicaid can ask for the remaining money. The state must create a claim to get the money back. Medicaid is only able to recover money going back to when the ABLE account was set up.

Working Individuals

- Annual contributions to ABLE accounts are currently capped at \$16,000. However, people with disabilities who work can now accrue at least some of their wages as well.
- In addition, the IRS indicated that workers with disabilities who have ABLE accounts can now qualify for a Saver’s Credit, which can reduce their federal tax bill.

An expense is “qualified” if:

- You incurred the expense at a time you were considered an “Eligible Individual;”
- The expense relates to your blindness or disability; and
- The expense helps you maintain or improve your health, independence or quality of life.

Each person is unique and the needs of individuals can vary depending on the disability, circumstances and specific treatment. ABLE accounts can help pay for expenses related to maintaining the health, independence and quality of life for people with disabilities.

Some common examples:

Basic Living Expenses	Health and Wellness
Housing	Financial Management
Transportation	Education and Training
Assistive Technology and related services	Employment training and support
Funeral and burial	Other expenses approved by the Secretary of the U.S. Treasury

Frequently Asked Questions:

Colorado ABLE, FAQs: <https://www.coloradoable.org/faqs/>

Q: If I move out of state, can I still use my Colorado ABLE account?

A: Yes, you can. It is a virtual bank experience, so you should still have access to it, even if you move out of state.

Q: If I move out of state and I want to move my ABLE account to another state, can I do that?

A: Yes, you can. It isn't necessary, but can certainly be done.

Q: Can I move money from my trust account to my ABLE account?

A: Yes, you should be able to if the money will be used for a disability expense. Discuss with your trust account trustee.

Q: Can an adult with a disability open their own ABLE account?

A: Yes, as long as they are able to monitor their own money. They can have someone added as a Power of Attorney to the account as well, for extra support.

Q: Is there a fee involved with opening an ABLE account?

A: Yes. See the Colorado ABLE FAQs for more information.

Additional Resources

- **Colorado ABLE:** <http://www.coloradoable.org/>
- **Colorado ABLE customer service** (bilingual support available): 1-888-609-3468; co.clientservice@savewithable.com
- **ABLE National Resource Center:** <http://www.ablenrc.org/>
- **Roadmap to ABLE enrollment:** <https://www.ablenrc.org/get-started/>
- **Roadmap to Independence:** <https://www.ablenrc.org/manage-account/>
- **Basic Information about ABLE accounts:** <http://www.ablenrc.org/what-is-able/what-are-able-accounts/>
- **Debunking ABLE Myths:** <http://www.ablenrc.org/what-is-able/debunking-able-myths/>
- **Special Needs Alliance:** <http://www.specialneedsalliance.org/>
- **Shop the states to choose the BEST ABLE Program for you:** http://www.ablenrc.org/state_compare/
- **Webinars:** <http://www.ablenrc.org/webinars>
- **Federal Register -Guidance Under Section 529A-Qualified ABLE Programs:**
<https://www.federalregister.gov/documents/2020/11/19/2020-22144/guidance-under-section-529a-qualified-able-programs>
- **Comparison Chart of ABLE account, Special Needs Trust (1st and 3rd party), and Pooled Trust:**
<https://www.ablenrc.org/able-account-special-needs-and-pooled-trust-comparison-chart/>

If you have additional questions about Colorado ABLE, please reach out to:

- **Mike Keglovits, CollegeInvest:** mkeglovits@collegeinvest.org; 303-376-8833
 - **ABLE PowerPoint**  [ABLE Presentation 2021.pdf](#)

Frequently Asked Questions about Health First Colorado/Medicaid

*Most of these questions are specifically related to LTC Medicaid.

1. How do I get a new Health First Colorado Medicaid card?

- The individual/guardian/rep payee can contact their local Department of Human Services or Medicaid Customer Service to request a new card. (See page 2 for phone numbers)

- You can also create an account on the Colorado PEAK website and **print a card**. To log onto the PEAK site, you will need the individual's case number in addition to their Medicaid ID #. All case numbers start with "1B" and are listed on Medicaid paperwork.

2. How long until I will get a Health First Colorado/Medicaid card after my Medicaid is activated?

Medicaid cards are mailed out in batches to first time Health First Colorado recipients. It can take up to 6-8 weeks to get a new card. It is suggested that individuals print a card from the PEAK system, if one is needed sooner.

3. What changes do I need to report to Health First Colorado?

Individuals getting Medicaid are required to **report all changes to the Department of Human Services** within 10 days of the change.

- Possible changes include, but are not limited to: address updates; marital status; name change; employment change; household member change.

4. How do I report changes to Health First Colorado?

These changes can be reported in one of the following ways:

- Call Medicaid Customer Service at 1-800-221-3943 (1-800-659-2656-hearing impaired).
- Call your local Department of Human Services (see list on pages 3-4) or go to the office in person.
- Log onto the PEAK site and make the changes directly on there.
- **An important note about address updates:** When a individual's residential address is different from their mailing address for Medicaid, it is very important that when an address is updated, the distinction is made between the two.

5. Where can I find my case # with Medicaid?

The case # is the number that starts with "1B" that appears on all Medicaid paperwork. All members of the same household will be attached to the same case.

6. I received a bill for Health First Colorado/Medicaid Buy-in. Why did I get this and what should I do with it?

- Call the contact listed on the Buy-in paperwork if you have questions about this program and why you received bill for it.
- There are two types of Health First Colorado Buy-in programs.
 1. Health First Colorado Buy-In Program for Working Adults with Disabilities
 2. Health First Colorado Buy-In for Children with Disabilities

For information on both programs: <https://www.colorado.gov/pacific/hcpf/medicaidbuyinprograms>

7. I need to request reimbursement for payments I made for Medicaid Buy-in after the individual was approved for LTC Medicaid. Who should I contact?

Option 1: Reach out to the Colorado Medical Assistance Program.

Option 2: Reach out to your case manager with Developmental Pathways, who will then have a member of the Benefits team contact the Colorado Medical Assistance Program on your behalf.

Contact Information: Parent/Individual phone line: 800-359-1991; email: eemapclient@dhha.org

**Be prepared to provide the name, Medicaid ID or Case #, and the individual's social security number when you call. Emails can be sent encrypted, for privacy purposes.

8. I received a Health First Colorado/Medicaid Verification Checklist. What is this?

A verification checklist contains a list of documents that Health First Colorado Medicaid needs from the individual, in

order to check to see that they continue to maintain financial and disability eligibility for LTC Medicaid. If received, the individual must **submit the requested document(s) back to the county by the due date given**. If there are questions about the verifications being asked for, please contact Medicaid as soon as possible.

- **See the annual Renewal/Redetermination section for a list of possible verifications needed.**

9. I received a tax refund. Will this impact my Health First Colorado/Medicaid eligibility?

No. A tax refund is considered **exempt** income and should not affect an individual's Medicaid status.

10. What is HIBI?

The Health Insurance Buy-in Program (HIBI) is a premium assistance program for Medicaid recipients. Monthly payments are given to individuals for all or a portion of the cost of their commercial health insurance premiums, and in some cases, also reimburses for deductibles, coinsurance, and co-pays. **The idea behind it is to encourage individuals to keep their private health insurance in addition to having Medicaid.** That will make Medicaid truly the payer of last resort.

For more information, visit: <http://www.mycohibi.com/>

11. What is The Adult Financial Program?

There are a few different programs that fall under Adult Financial: Home Care Allowance (HCA); Aid to the Needy Disabled (AND); Aid to Blind (AB); Aid to the Needy Disabled /Blind Colorado Supplement (AND-CS); Old Age Pension (60 and older); Burial Assistance. For more information about these programs, please go to:

https://coloradopeak.secure.force.com/resource/1427500102000/StaticPdfs_StaffAids/StaffAids_Pdfs/ProgramOverview_AdultFinancialAssistance.pdf

12. Who qualifies for Aid to the Needy Disabled (AND)?

Aid to the Needy Disabled Program (AND) is an interim assistance program provided by the State of Colorado to people who meet the requirements of need and disability, between the ages of 18 and 59. Claimants prove disability for this program by having a doctor certify that they are unable to work for a period of at least six months. Benefits are paid under this program only if the claimant has a pending claim for Supplemental Security Income (SSI) disability benefits. Upon receipt of SSI benefits, the claimant reimburses the state for any AND benefits received. If denied by Social Security, they must appeal the denial to continue getting AND. A medical form must accompany the application for AND. This can be obtained from the Department of Human Services.

13. The Individual on the LTC Medicaid waiver is now receiving Medicare (or will be getting Medicare soon). Will this affect their Medicaid benefits?

No. Medicaid is always the payer of last resort, so all items will be billed through private health insurance and Medicare prior to going through Medicaid. This is in regards to all items not billed through the waiver. **Individuals are automatically signed up for Medicare two years from their first SSDI payment.**

14. Who should I contact if I need financial assistance with Funeral Expenses?

Contact your local Department of Human Services and ask to complete the **burial assistance application**. It is recommended that you bring a copy of the death certificate to the county, in case they ask to see it.

15. Who should I contact if the individual is having trouble with prescription coverage?

It depends on what kind of health insurance coverage the individual has. If they have Medicaid, you will need to contact Medicaid customer service (not the county); if they have Medicare, you'll need to contact Medicare; if they have private health insurance, you'll need to contact that insurance company. If they have multiple insurance carriers,

unfortunately, you will need call each carrier separately. Be sure to explain that they have other coverage and ask how the coverage should work with multiple insurance providers.

16. What should I know about Food Benefits (SNAP)?

- Food benefit recipients get a separate food stamp re-determination once a year, in addition to a Food Stamp Change Report that also comes once a year.
- All documents should be completed in a timely manner and returned to the Department of Human Services office that is listed on the paperwork. Pay stubs, rental agreements, and current bank statements should be submitted with the Food Stamp re-determination.
- Individuals receiving food benefits may also get paperwork throughout the year whenever there are changes to their food benefit amount.
- For more information: <https://cdhs.colorado.gov/snap>

17. What is an Income Trust?

An income trust can be created to shelter excess work income if the individual earns more than the monthly income limit for LTC Medicaid.

- Total monthly income cannot be more than three times the current maximum SSI (Social Security Income) amount. For 2022 it is 3x \$841, which is \$2523.
- This includes unearned income and gross wages combined.
- If the amount is over the limit, an income trust can be set up to “take” the excess income so that the individual continues to qualify for Medicaid and waiver benefits. Otherwise, the individual may no longer qualify for Long Term Care Medicaid.
- Money that goes into an income trust belongs to the State and cannot be accessed by the individual, so this may be a good short-term solution while you work to figure out a long term solution. That may include reviewing other waiver qualifications to see if a waiver that participates with Buy-in is a good fit.
- It is suggested that you **seek advice and support from a Benefits Planner** to discuss the income limit.

18. Do I need to keep my private health insurance with my Medicaid?

It is a personal choice if you choose to keep your private health insurance on top of Medicaid (and Medicare, as applicable). Medicaid wants to be the payer of last resort and would prefer that you keep your private health insurance to pay for all medical expenses. Check out more information about the HIBI program in #10. It is an incentive program to help people pay for their monthly private health insurance premiums.

19. What are the financial requirements/limits for MAGI Medicaid (Modified Adjusted Gross Income)?

Income Guidelines: <https://www.healthfirstcolorado.com/apply-now/?tab=do-i-qualify>
<https://hcpf.colorado.gov/sites/hcpf/files/April%202022%20Medicaid%20Income%20Chart.pdf>

20. I received an “SSI Packet” from Health First Colorado Medicaid. What is this, why did I get it, and what should I do with it?

- This is a packet sent to people who were receiving SSI, but their SSI coverage has been disrupted. This can be due to going from SSI to getting SSDI or losing SSI for some other reason.
- For SSI recipients, Health First Colorado relies on the Social Security Administration to check a person’s resources when they are getting SSI. This is not true for someone getting SSDI.
- **Completed packets should be returned by the due date** with all financial verifications of income and resources. Failure to do so could result in a loss of Medicaid.
- **If the loss of SSI was temporary, proof of re-instatement must be provided to Health First Colorado.**

Example top of letter:

This letter tells you how to find out if you can still get medical benefits from Health First Colorado (Colorado's Medicaid program) even if you no longer qualify for Supplemental Security Income (SSI).

You have been getting Health First Colorado benefits because anyone in Colorado who is approved for SSI is automatically enrolled in Health First Colorado.

Recently, the Social Security Administration told us that you no longer qualify for SSI. **Because you will no longer have Health First Colorado automatically through SSI, we need more information from you by March 6, 2019 to see if you still qualify for Health First Colorado.** We need this information even if you have not been receiving SSI payments.

To see if you qualify to continue your benefits, **complete and return both the enclosed form and the requested document copies by March 6, 2019 to:**

21. I received a denial from Health First Colorado Medicaid. Should I appeal?

The appeal process is an opportunity for the individual to retain his/her rights to access services. We do recommend appealing, to "play it safe." We also suggest you call Medicaid and ask to speak with someone on the LTC Medicaid Team to inquire what is needed to fix your eligibility. If a case is closed for 90 days, a new Medicaid application is needed, which may create a break in services. We suggest working to fix the issue as soon as possible upon learning about the denial to avoid a disruption to waiver services.

22. My child/loved one is on the CES waiver (or another LTC Medicaid waiver for children) and will be turning 18 soon and enrolling onto an adult waiver. Does s/he have to re-apply for Medicaid?

No, you do not need to re-apply. Once you have completed the 100.2 assessment for the adult waiver, a member of the Benefits Team at Developmental Pathways will submit this to Medicaid to show that they are enrolling onto a new Medicaid waiver.

23. I am moving to Colorado from out of state and had/have Medicaid in my other state. Do I need to re-apply in Colorado?

Yes, you must reapply in Colorado. Medicaid is a state-run program. You will need to contact Medicaid in your previous state to inform them of the date of your move to Colorado, so that they can close out your Medicaid coverage. You will then apply for Medicaid in Colorado. The exception is if you are receiving SSI, as a new Medicaid application is not needed. You can contact Medicaid, provide them with proof of your SSI, and ask them to put you on SSI Mandatory Medicaid. Make sure both Social Security and Medicaid have your updated address.

24. I was told by Medicaid that they need a cert page (LOC; Level of Care; 100.2 cert). What is this?

This is a document that comes from the 100.2 assessment that is completed each year, which shows Medicaid that you will be continuing on the waiver. It is also submitted when you first enroll onto a waiver. The Benefits Team submits these to Medicaid on a monthly basis. Reach out to your case manager if Medicaid tells you this document is still needed and they will inform the Benefits Team.

25. I received a lump sum payment from Social Security. Will this affect my Medicaid eligibility?

For LTC Medicaid, you have 9 months to spend down and/or shelter SSI, SSDI, and Survivor's benefits before it affects eligibility.

26. I want to apply for Health First Colorado Medicaid, but I'm not sure where to start.

Start here: https://www.dpcolo.org/wp-content/uploads/2020/08/Applying-For-Maintaining-LTC-Medicaid_Aug2020.pdf

27. I received an AIRP packet. What is this and do I need to complete it?

Yes, it is never a good idea to ignore Medicaid mail. If you have questions about the packet, please contact Medicaid directly. We advise you to complete the packet and submit it back to Medicaid timely. Not doing so may cause a lapse in coverage.

28. My child/loved one has a 529 College Savings Account. Will this impact their Medicaid eligibility?

From what we understand, there are two different types of accounts—custodial and individual. It is best to check directly with Medicaid to ask if the specific account you have will affect LTC Medicaid eligibility. It may be possible to roll the money from a 529 account to an ABLE account. See the ABLE section of this guide.

29. I am completing my annual Renewal/Redetermination and want to know whose information should be included.

When completing the Renewal/Redetermination for a person on an LTC Medicaid waiver, you only need to include that person's income and asset information.

However, keep in mind that Medicaid may ask for additional financial information if they see that the person's Social Security benefits are directly deposited into an account without their name on it and/or if they see large direct transfers to or from the Medicaid applicant's bank account.

30. I am completing my annual Renewal/Redetermination and am confused why my parents (and siblings) are listed on the paperwork, as they are not getting Medicaid.

You may see the names of other members of the household on the Renewal/Redetermination paperwork with a notation that they are not receiving benefits. That is because when the original Medicaid application was completed, all members of the household should have been listed on the application. For those not seeking Medicaid coverage, you probably checked a box to indicate that. However, they are forever tied to your case. As long as the paperwork continues to say that they are not getting benefits, you shouldn't need to worry. However, you are welcome to contact Medicaid directly to confirm this.

31. I am not sure what my Renewal month is with Medicaid. How can I research this?

You can view your Renewal month (previously called a Redetermination) on your Colorado PEAK account. Please see the Renewal section for more information about how to look this up. If you need more assistance, you can call Medicaid to inquire about the month.

Medicaid Disability Application

Generally speaking, the Medicaid Disability application is used to determine an individual's disability when an individual does not qualify for Social Security, due to financial reasons, or a person has not yet applied for Social Security benefits.

- If at any time a Medicaid Disability application is received by an individual, it must be completed and returned to the county by the deadline given. The timelines are very short and the application does not generally come with specific instructions.
- **NEED HELP?** Contact your current Case Manager to inform them that you are working on a disability application and ask for a copy of the **Medicaid Disability Application Guide**.
- The Medicaid Disability Application will be reviewed by a third party, who contracts with the State of Colorado, by the name of Arbor/ARG.
 - Prior to Medicaid forwarding the application to Arbor/ARG, they will review it for completeness. If they find that something is missing, they will call the member to notify them. Follow-up must be

- completed timely, so that when the application is forwarded to Arbor, it is complete. This will lessen the likelihood of a denial.
- Once the application has been reviewed, the decision letter will come from ARG. An example of the approval letter is attached to the Medicaid Disability Application Guide.
 - If you receive a DENIAL letter, review the entire letter to see if it gives the reason(s) for a denial. It could be that the wrong person signed the application, the signature was blank, the person didn't submit strong enough supporting documentation to show a disability, a signed release page wasn't included, Medical proxy or Medical POA paperwork was not included/signed, etc.

Denial language:

The Social Security Administration has decided you do not have a disability and you do not meet Colorado's disability standards.

- As a reminder, Arbor/ARG is using the same definition of a disability as Social Security uses.
- **If the person receives a disability application denial (and has not obtained a disability determination through the Social Security Administration), they will NOT be approved for an LTC Medicaid waiver (or receive continued approval, if already on the waiver). The person will also not be approved for Medicaid Buy-in, if that is desired.**
- For people already receiving LTC Medicaid, the individual's LTC Medicaid should be held open by Medicaid during the review period once the application is submitted for review.
- The review period can take up to 60 days by Arbor/ARG. Medicaid has 90 days to make a determination for eligibility. **The key for a shorter determination time**—submit a COMPLETE application with STRONG supporting documentation, and SIGNATURES in all the right places of the application/release pages. If the adult applicant is their own legal guardian, they must sign the application with blue or black ink. Electronic signatures are not accepted. See the guide for more tips and tricks!

PART 2: SOCIAL SECURITY

The Social Security Administration (SSA): An independent Federal agency that, among other responsibilities, oversees two income support programs for people with disabilities: SSI and SSDI.

Supplemental Security Income (SSI): A government assistance program that provides supplemental income to specific populations to address basic needs (i.e., food, clothing, and shelter). To receive SSI benefits, an individual must be “financially needy and disabled; financially needy and aged (over the age of 65); financially needy and blind.”

Social Security Disability Insurance (SSDI): Federal disability program, administered by the SSA, that provides benefits to individuals who are blind or disabled who are “insured” based on contributions (through work) paid into the Social Security trust fund, as authorized by FICA. Medicare eligibility usually comes two years after the first SSDI payment.

Social Security Contacts

The Social Security Administration (SSA) should be your first point of contact with any questions about SSI and/or SSDI. The individual and/or his/her rep payee can contact either the individual’s local office, based on zip code, or the main number for SSA.

To utilize the Social Security office locator, go to: <https://secure.ssa.gov/ICON/main.jsp>

OR—

Go to the Social Security website at www.ssa.gov

- ✓ click on **MENU**, then **CONTACT US**, then **FIND AN OFFICE** and enter your zip code.

List of local Social Security offices: (for more offices, please contact Social Security)

SSA Office	Phone	Fax	Address
Aurora	1-866-931-9965	833-436-4146	14280 E Jewell Ave, Suite 250, Aurora, CO 80012
Louisville	1-877-405-5872	833-641-2557	480 W Dahlia St., Louisville, CO 80027
Colorado Springs	1-888-880-0688	719-591-1370	2306 E Pikes Peak Ave, Colorado Springs, CO 80909
Denver	1-866-613-9904	833-612-0146	1500 Champa St. 2 nd Floor, Suite 200, Denver, CO 80202
Lakewood	1-866-563-9469	833-950-3537	13151 W Alameda Pkwy, Lakewood, CO 80228
Littleton	1-888-824-4384	833-950-3535	8000 Southpark Lane, Littleton, CO 80120

- **Main number for Social Security:** 1-800-772-1213 (TTY: 1-800-325-0778)
- **Website for Social Security:** <https://www.ssa.gov/>

Other Social Security Resources

- **Social Security Administration FAQ:** https://faq.ssa.gov/en-US/?utm_source=mip1021&utm_medium=online-media&utm_campaign=ocomm-mip-21&utm_content=ss-program-experts-can-answer-your-important-questions-001
- **Representative Payee Information:** <https://www.ssa.gov/representation/>
- **Working and maintaining benefits:** Working While Disabled: How We Can Help; <https://www.ssa.gov/pubs/EN-05-10095.pdf>
- **my Social Security Account:** <https://www.ssa.gov/myaccount/>
- **Check to see what benefits you may be eligible for:** <https://www.ssa.gov/potentialentitlement/>
- **Publications:** <https://www.ssa.gov/pubs/>
- **FREE Interpreter Services:** <https://www.ssa.gov/multilanguage/langlist1.htm>
- **Blind or visually impaired:** <https://www.ssa.gov/people/blind/>

- **Deaf or hard of hearing:** <https://www.ssa.gov/people/deaf/>
- **SSA Glossary:** <https://www.ssa.gov/agency/glossary/>
- **What You Need To Know About Your Supplemental Security Income (SSI) When You Turn 18:**
<https://www.ssa.gov/pubs/EN-05-11005.pdf>; <https://www.ssa.gov/pubs/audio/EN-05-11005.mp3>;
<https://www.ssa.gov/pubs/ES-05-10915.pdf>

Additional Resources:

- **Disability Benefits 101:** <https://co.db101.org/>
- The Mile High Independent Living Center (MHILC): 303-800-4700
- Ability Connection Colorado: <https://www.abilityconnectioncolorado.org/>
Benefit Planner: Terry (Teresa) McGarry; 303-226-5537; tmcgarry@AbilityConnectionColorado.org
Benefit Planner (bilingual): Harold Lasso; 720-884-6454
- Family Voices: 303-733-3000
Jeanette M. Cordova, Bright Futures LLC Colorado
Business: (720) 660-7746
Email: bfadvocacyllc@gmail.com
Web: <https://www.brightfuturesadvocacyllc.com/aboutsobre.html>

Frequently Asked Questions about Social Security Benefits

1. What are the current numbers for SSI, Personal Needs Allowance, Room and Board, 300% rule, and Substantial Gainful Activity (SGA)?

	2021	2022
Maximum SSI Amount (Individuals)	\$794	\$841
Maximum SSI Amount (Couples)	\$1191	\$1261
300% rule (3x maximum SSI)	\$2382	\$2523
Substantial Gainful Activity	\$1310	\$1350
Room and Board: ACF/SLP/GRSS/IRSS/TLP	\$700	\$720
Personal Needs Allowance (PNA)	\$94	\$121

2. I moved, have a new job, new phone number, new bank account, closed bank account, etc. How should I report these changes to Social Security?

Individuals getting Social Security benefits must report all changes as soon as possible. These changes can be reported in one of the following ways:

- Call your representative at your **local office or the main number for the local office** and report the change.
- Create a “My Social Security Account” on the Social Security Administration (SSA) website and make updates there. <https://www.ssa.gov/myaccount/>

*If Social Security does not have your current address on file, this could cause your benefit to lapse.

3. What are acceptable ways to spend down a lump sum from Social Security?

Click here! <https://www.ssa.gov/payee/LessonPlan-2005-2.htm#LARGESUMS>

It is suggested that receipts and careful records be maintained to document exactly how the money was spent. Parents/Caretakers can use the money to reimburse themselves for things they paid for, as long as they keep receipts to show this. An example would be if a parent/ caretaker paid for therapies and are now taking some of the back payment to cover the money they had paid out. Receipts should be kept to document what the money was used for.

Backpay may also be eligible to be sheltered in an ABLE account or a Special Needs Trust.

4. I started collecting SSDI/Title II benefits. Will this affect my Medicaid?

No. Colorado is a “1634 State,” which protects SSI recipients from losing their Medicaid eligibility if they become eligible for Title II benefits. 1634(c) allows a person’s SSI payments to be reduced to \$0.00 so they maintain their Medicaid eligibility. In order to be eligible for 1634(c), an individual must have been 18 or older when the Title II benefit began, is entitled to SSI, has resources under \$2000, and first received a Title II payment on or after 7/1/1987.

5. Can I continue to work and collect Social Security benefits?

YES!! You or a representative payee must **report your earned income on a monthly basis** to Social Security. Social Security uses a formula to figure out how much your SSI payments will be reduced by based on your monthly earned income. However, SSDI is an ALL or NOTHING program—you either qualify financially to get SSDI payments or they discontinue payments entirely. For individuals who are working, it is important to create a balance between their SSDI payment and their gross monthly work income, to be sure that they do not go over the monthly income limit (to remain eligible for LTC Medicaid and to continue getting waiver services).

Need help with this? Reach out to a Benefits Planner, as listed under additional resources in the SSA section.

Another great resource! **Disability Benefits 101**-- <https://co.db101.org/>

6. I am not sure if I get SSI, SSDI, or both. How can I find out for sure?

The individual and/or his/her rep payee can contact Social Security to request a **BPQY report**-- Benefits Planning Query. The BPQY statement contains detailed information about the status of a beneficiary's disability cash benefits, scheduled medical reviews, health insurance, and work history. In essence, the BPQY provides a snapshot of the beneficiary's benefits and work history as stored in SSA's electronic records.

- There should NOT be a charge for the BPQY if it is explained that it is needed to participate in a Medicaid funded program.
- Beneficiaries can request a BPQY by contacting their local office, or calling 1-800-772-1213. The BPQY will be mailed directly to the beneficiary at the address shown on the current SSA record.
- Signed consents are required only if the BPQY will be sent to someone other than the beneficiary, his/her Representative Payee, or Authorized Representative.
- **You can also pull a report from the Social Security website, by creating a “My Social Security Account” on the Social Security Administration (SSA) website.** <https://www.ssa.gov/myaccount/>

7. I am still getting my Social Security via a check. How can I get it electronically deposited into an account?

If an individual applies for Social Security or Supplemental Security Income benefits, a new law went into effect March 1, 2013, requiring that payments be received electronically. If they did not sign up for electronic payments when they applied for benefits, SSA strongly urges them to do so now. If you are still receiving checks, the U.S. Department of the Treasury will contact you about complying with the requirement.

- For more information regarding switching to an electronic payment, visit Treasury’s [Go Direct website \(https://fiscal.treasury.gov/GoDirect/\)](https://fiscal.treasury.gov/GoDirect/) or call the helpline at **1-800-333-1795**.
- The Treasury can grant exceptions in rare circumstances. For more information or to request a waiver, call Treasury at 855-290-1545. You may also print and fill out a waiver form and return it to the address on the form. [Waiver Form \(https://www.ssa.gov/deposit/EFT%20Waiver%20Form.pdf\)](https://www.ssa.gov/deposit/EFT%20Waiver%20Form.pdf)
- If the individual is already receiving benefits, they can create a **my** Social Security account and start or change Direct Deposit online. They also can sign up at their bank, credit union, or savings and loan. Or call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**).
- <https://www.ssa.gov/deposit/>

8. I need help paying for my Medicare premium, deductible, and co-insurance. What kind of assistance programs exist for this?

All individuals who have Medicaid should have their Medicare Part B premium covered by the State (Medicaid). If that is not happening, and deductions are coming out of your Social Security check, then you may want to reach out to your local Department of Human Services to see if they can fix this.

- The coverage is supposed to automatically take place, but sometimes the Medicaid and Medicare systems don’t talk to each other very well, causing glitches.
- Also, people can apply for the Medicare Savings Program through you local Department of Human Services (Medicaid office). For more information about the Medicare Savings Program, please go to: <https://www.colorado.gov/hcpf/member-faqs#medicare1>

9. I have both Medicare and Health First Colorado Medicaid. Why is Health First Colorado not paying for my prescriptions?

Once a Health First Colorado Medicaid member is entitled to receive Medicare, Medicare Part D will cover most of your prescriptions. Health First Colorado will only pay for a few medications that are excluded by your Part D plan. If you need assistance to find and enroll on a Part D plan, please call 1-888-696-7213 or 303-894-2946.

Here are some links that may be of interest:

- <https://www.ssa.gov/medicare/prescriptionhelp/>
- <https://www.medicareinteractive.org/get-answers/programs-for-people-with-limited-income/medicaid-and-medicare/if-i-have-medicare-and-full-medicaid-how-will-my-drug-coverage-work>

10. How do child support payments affect an SSI recipient?

- Back pay to a child--counts as the child’s income
- Back pay to the parent—counts as the parent’s income
- Continuous payments—counts as the child’s income

11. Supplemental Security Income (SSI) and Incarceration:

- There is a **pre-release prisoner program**. A caseworker in prison/jail should work directly with Social Security (SSA) on the application if the person has been incarcerated for more than a year.
- For individuals in a COUNTY JAIL, they can apply for Social Security benefits 30 days prior to their expected release date. Mark the application as “Pre-Release.”
- For individuals in a DOC (Department of Corrections) facility, they can apply up to **90 days prior** to a person’s date of release. Mark the application as “Pre-Release.”
- Individuals who were receiving SSI prior to incarceration who were in jail for **less than a year**, do not need to re-apply.

- They will need to go to their local SSA office upon discharge and provide the following documents to the SSA representative:
 - ✓ Copy of their jail/prison discharge paperwork
 - ✓ New Rep Payee paperwork, as applicable

More information here: <https://www.ssa.gov/ssi/spotlights/spot-prerelease.htm>

12. I received a letter from Social Security that says that I need to respond within 15 days. Is that calendar days or business days?

This refers to calendar days.

13. I work and receive SSI. I need help to figure out how much I can work and still maintain my benefit. Is there anyone I can speak with about this?

- You can contact Terry McGarry or Harold Lasso with Ability Connection Colorado. Harold speaks English and Spanish. Terry and Harold are part of the Social Security Work Incentive Planning and Assistance Program (WIPA) with Ability Connection Colorado. See the Social Security Contacts section for Terry and Harold's contact information.
- **Check out Disability Benefits 101!** This is a new site for Colorado. <https://co.db101.org/>

The WIPA program is a community-based organization that receives funding from Social Security to provide all Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) disability beneficiaries (including transition-to-work age youth) with FREE access to work incentive planning and assistance. Ability Connection Colorado is the only nonprofit approved to provide benefit counseling services through the Social Security Administration program.

Certified Community Work Incentives Coordinators (CWIC) under the grant with the Social Services Administration must undergo high level security screening and training in order to provide and protect important beneficiary information. This information is provided FREE OF CHARGE. Read more here:

<http://www.abilityconnectioncolorado.org/programs/employment/social-security-work-incentive-planning/>

14. What is the Ticket to Work Program?

It is a free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Ticket to Work Help Line (866) 968-7842 (Voice) or (866) 833-2967 (TTY).

Website: www.ssa.gov/work

- **Some benefits of this program:**
 - The individual receiving SSA benefits will be exempt from the DDS (Disability Determination Services) medical review that occurs every 3/5/7 years. It is believed that after the initial DDS decision, they will remain disabled and won't need to be screened again.
 - Job coaching; employment services; employment network...funded by SSA.
 - Subsidies that allow the SSA to count work income differently. Employers complete form 725 (not available online) to explain the help that the individual needs on the job and any work-related expenses.

15. What is “in-kind support and maintenance” in the eyes of Social Security?

- Adults (18 or older) receive SSI for food and shelter. When the adult child is living in someone's house (parent's) and is not paying rent, SSA assumes the adult receiving SSI has "in-kind support and maintenance" and the SSI amount is reduced by 1/3.
- Typically, SSA will ask the parent (1) what the mortgage payment is (or rent); (2) what the typical utility expenses are for a month; and the typical monthly food bill. This total amount is divided by the number of immediate family members living in the house. So, if four immediate family members live in the house, the SSI adult is responsible for 25% of the household expenses. If the SSI adult cannot meet this share with his/her SSI, then SSI says s/he has "in-kind support and maintenance" and the SSI is reduced by 1/3.

16. I am getting both Medicaid and Medicare and need help paying for Part D prescription coverage. What are my options?

- Call Medicare to discuss prescription coverage options.
- Call your local Department of Human Services (Medicaid) to ask if they can apply for the Medicare Savings Program (MSP).
- Check out this link, which may contain some valuable information:
<https://www.medicareinteractive.org/get-answers/programs-for-people-with-limited-income/medicaid-and-medicare/if-i-have-medicare-and-full-medicaid-how-will-my-drug-coverage-work>
- Another link which might have beneficial information: <https://www.ssa.gov/medicare/prescriptionhelp/>

17. I am turning 18 soon and currently get Survivor's benefits through Social Security. What are my next steps to make sure I do not lose this benefit?

- If they are receiving child disability benefits (survivor's benefits), their benefits will end at 18, UNLESS, they will be remaining in school. The guardian should have the child's school complete **form 1372** from Social Security, and then submit it to their local SSA office. This will keep the child's disability benefits in place until they turn 19. Even though they are getting child disability benefits, they can still apply for SSI one month following their 18th birthday.
- **Link to form 1372:** <https://www.ssa.gov/forms/ssa-1372.pdf>

18. Should an adult living with parents pay rent/mortgage (room and board)? If so, how much should they pay?

- Deciding whether or not to collect rent/mortgage from an adult with disabilities is really up to the family. Parents should discuss with their accountant to see if the money collected will need to be declared as income on their tax return.
- Room and board payments may affect how much SSI a person gets, but will not affect their SSDI payment.
- To determine the appropriate rent/mortgage amount, Social Security suggests the following: Monthly expenses (mortgage/rent + electricity, water/sewage, and food) divided by the number of adults living in the household= each adult's fair share.
- Here is a form people can complete and submit to SSA to inform them about the room and board payments a person is making. <https://www.ssa.gov/forms/ssa-788.pdf>
- More information: <https://www.ssa.gov/ssi/text-living-ussi.htm>

19. I want to apply for Social Security, but I'm not sure how/where to start.

Start here: <https://www.dpcolo.org/tools/> and scroll to this document-- https://www.dpcolo.org/wp-content/uploads/2021/06/Applying-Maintaining-Social-Security-Benefits-flyer_June2021.pdf

Guide to Applying for Social Security Benefits: There are several places throughout the application process where things can go sideways, so we suggest utilizing the guide created by our Benefits Team. Reach out to your case manager or coordinator to ask for a copy!

Colorado DB 101: https://co.db101.org/co/programs/income_support/ssi2/program.htm

Webinar series by Easterseals Colorado. <https://www.easterseals.com/co/our-programs/work/disability-benefits-services/>.

Video about applying from the Arc of Arapahoe and Douglas Step-up! Program:

https://www.youtube.com/watch?v=k_2iVTMdNNI&list=PL1IIFTrnq-s5aRKII_qeakBGBvR54IIUs&index=2

➤ **TIP!** If you apply online, check that you wish to apply for SSI in addition to SSDI when prompted. The guide has other tips and tricks!

20. I recently applied for Social Security, but was denied. What are my next steps?

Was the denial for SSI or SSDI? If it was for SSDI, that is common when young people apply for benefits, as the person may not have worked enough quarters to collect SSDI off their own work history, or they don't have a parent who has retired, is disabled, or deceased.

It is a myth that people are automatically denied for SSI the first time they apply. If you receive a denial, please reach out to your case manager or coordinator to request a copy of the Filing a Social Security Appeal/Request for Reconsideration Guide. If you have specific questions about the denial, we suggest reaching out to Social Security directly.

21. What does Social Security consider as resources/assets for SSI?

Check out this webpage! <https://www.ssa.gov/ssi/text-resources-ussi.htm>

22. What does Social Security consider as income for SSI?

Check out this webpage! <https://www.ssa.gov/ssi/text-income-ussi.htm>

Work Subsidies and Special Conditions

Check out the Colorado Disability Benefits 101 website!! <https://co.db101.org/>

SGA: Substantial Gainful Activity

Social Security (SSA) will only use earnings that represent the real value of the work an individual performs to decide if the work is at the SGA level. A "subsidy" is the extra amount of wages an employer pays an impaired individual for services over the reasonable value of the actual services performed. SSA deducts the value of subsidies from earnings when they make an SGA decision.

Read more about subsidies:

<https://www.ssa.gov/disabilityresearch/wi/subsidies.htm>

<https://secure.ssa.gov/poms.nsf/lnx/0410505010>

Important Form:

<https://www.ssa.gov/forms/ssa-821.pdf>

Please contact Social Security or a Benefits Planner to discuss what work subsidies you may qualify for.

Other-- Tax Resources for Individuals with Disabilities

- Free tax help offered through the IRS for those who qualify: <http://irs.treasury.gov/freetaxprep/>
- Tax help for people with disabilities: <https://www.irs.gov/Individuals/More-Information-for-People-with-Disabilities>
- Information about the IRS 1095-B Form that was sent to all Colorado Medicaid recipients:
 - <https://www.colorado.gov/hcpf/news/colorado-medicaid-members-begin-receiving-irs-1095-b-forms>
 - <http://www.cohealthinfo.com/irsform1095b/>

Other—Medicare

- Individuals who have been getting SSDI for two years will automatically be signed up for Medicare.
- This should not affect the person's Medicaid benefits.
- Who to Contact: Social Security or Medicare?
Article: https://blog.ssa.gov/who-to-contact-social-security-or-medicare/?utm_campaign=&utm_content=&utm_medium=email&utm_source=govdelivery
 - Questions about Medicare can be directed to:
 - **State Health Insurance Assistance Program (SHIP)** serving Arapahoe, Douglas and Jefferson counties and Senior Medicare Patrol, a healthcare fraud reporting program.
SHIP provides Medicare beneficiaries with objective information, counseling, and enrollment assistance. SHIP counselors can speak to individuals and groups about Medicare benefits, coverage rules, written notices, forms, appeal rights, procedures, and more. They also provide free and unbiased in-depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. Counselors assist people in obtaining coverage through options that include the original Medicare program, Medicare Advantage (Part C) plans, and Medicare Prescription Drug (Part D) plans. They can help people understand Medicare Supplemental (Medigap) insurance policies and explain how these and other insurance options work with Medicare.
Website: <https://drcog.org/programs/area-agency-aging/state-health-insurance-assistance-program-and-senior-medicare-patrol>
Phone: 303-480-6835